

CERTIFICATE OF AMENDMENT

Domestic & Foreign Limited Liability Partnership

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only

Filing Fee: \$60.00

Make Checks Payable To "Secretary of the State"

1. NAME OF LIMITED LIABILITY PARTNERSHIP

2. TEXT OF EACH AMENDMENT

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

3. EXECUTION:

Dated this _____ day of _____, 20____.

Print or type name of signatory	Capacity of signatory	Signature

INSTRUCTIONS FOR COMPLETION OF AMENDMENT
Domestic & Foreign Limited Liability Partnership

Instructions

1. **NAME OF LIMITED LIABILITY PARTNERSHIP:** Provide the name of the limited liability partnership as it currently appears on the records of the Secretary of the State. Note: If the limited liability partnership is changing its name to a new name, such new name should be set forth in item Number 2 on the form.
2. **TEXT OF EACH AMENDMENT:** Please provide the full text of each amendment.
3. **EXECUTION:** The signatory must print or type his or her full legal name and capacity in addition to a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.